

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/500004

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2		/		/			52						
3							53						
4		⑦		/			54						
5	/		/				55						
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47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2	↓	3	↓		↓	TOTAL IND.	↓	↓		↓		↓
TOTAL DEP.	5	←	6	←		←	TOTAL DEP.	←	←		←		←
TOTAL CLAIMS	8		9				TOTAL CLAIMS						